

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

American Physical Therapy Association Physical Therapy Political Action Committee (PT-PAC)

ADDRESS (number and street) ▼

1111 North Fairfax St.

☐ Check if different than previously reported. (ACC)

Alexandria

VA

22314

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C C00012880

3. IS THIS REPORT

☐

NEW (N)

OR

☒

AMENDED (A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15 Quarterly Report (Q1)☐ July 15 Quarterly Report (Q2)☐ October 15 Quarterly Report (Q3)☐ January 31 Year-End Report (YE)☐ July 31 Mid-Year Report (Non-election Year Only) (MY)☐ Termination Report (TER)

(b) Monthly Report Due On:

☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11) (Non-Election Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12) (Non-Election Year Only)☒ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y  
03 01 2013

through

M M M / D D D / Y Y Y Y Y Y  
03 31 2013

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Mr Justin Moore

Signature of Treasurer

Mr Justin Moore

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y  
01 17 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Physical Therapy Association Physical Therapy Political Action Committee (PT-PAC)

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
03 01 2013 To: M M / D D / Y Y Y Y Y Y  
03 31 2013

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">2013</span>		<span style="border: 1px solid black; padding: 2px;">450450.45</span>
(b) Cash on Hand at Beginning of Reporting Period.....	<span style="border: 1px solid black; padding: 2px;">434571.30</span>	
(c) Total Receipts (from Line 19) .....	<span style="border: 1px solid black; padding: 2px;">38606.19</span>	<span style="border: 1px solid black; padding: 2px;">129387.04</span>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<span style="border: 1px solid black; padding: 2px;">473177.49</span>	<span style="border: 1px solid black; padding: 2px;">579837.49</span>
7. Total Disbursements (from Line 31) .....	<span style="border: 1px solid black; padding: 2px;">78195.46</span>	<span style="border: 1px solid black; padding: 2px;">184855.46</span>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<span style="border: 1px solid black; padding: 2px;">394982.03</span>	<span style="border: 1px solid black; padding: 2px;">394982.03</span>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American Physical Therapy Association Physical Therapy Political Action Committee (PT-PAC)

Report Covering the Period:

From:

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	01	/	2013

To:

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2013

**I. Receipts**
**COLUMN A**  
Total This Period

**COLUMN B**  
Calendar Year-to-Date

## 11. Contributions (other than loans) From:

## (a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

18435.68

55344.43

(ii) Unitemized .....

20116.94

73886.37

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

38552.62

129230.80

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) .....

38552.62

129230.80

## 12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

53.57

156.24

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3) .....

0.00

0.00

(b) Levin Funds (from Schedule H5) .....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

## 19. Total Receipts (add Lines 11(d),

12, 13, 14, 15, 16, 17, and 18(c))..... ▶

38606.19

129387.04

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) .....

38606.19

129387.04

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	78000.00	184500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	160.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	160.00
29. Other Disbursements .....	195.46	195.46
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	78195.46	184855.46
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	78195.46	184855.46

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	38552.62	129230.80
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	160.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	38552.62	129070.80
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	0.00	0.00

: 97 'A-G79 @G B9CI G'H9LH'F9 @H98 'HC'5 'F9DCFHŽG7 <98I @ 'CF' +H9A-N5HCB  
.

Form/Schedule: F3XA

Transaction ID :

Amending report because one donation was entered wrong in software. It was a corporate donation, not a personal donation so wanted to make change on FEC report.

Form/Schedule:

Transaction ID:

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 44  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Physical Therapy Association Physical Therapy Political Action Committee (PT-PAC)**

Full Name (Last, First, Middle Initial)

**A. Liza C. Tan**

Mailing Address 6805 Fresh Pond Rd

City State Zip Code  
 Ridgewood NY 11385-5200

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresh Pond Physical Therapy

Occupation

PT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 01 / 2013

**Transaction ID : 50075681**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Connie Hauser**

Mailing Address 235 S Main St

City State Zip Code  
 Barbourville KY 40906-1117

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kentucky Physical Therapy & Rehab, Inc

Occupation

PT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 08 / 2013

**Transaction ID : 50076583**

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. Gus F H Posthumus Meyjes**

Mailing Address 8872 Professional Dr Ste C

City State Zip Code  
 Cadillac MI 49601-8482

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Dynamic Physical Therapy

Occupation

PT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

630.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 07 / 2013

**Transaction ID : 50080622**

Amount of Each Receipt this Period

210.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

3210.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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FOR LINE NUMBER:  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**American Physical Therapy Association Physical Therapy Political Action Committee (PT-PAC)**

Full Name (Last, First, Middle Initial)

**A. Audrey M. Waldron**

Mailing Address 5387 Manhattan Cir Ste 100a

City State Zip Code  
 Boulder CO 80303-4283

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self-Employed

PT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 07 2013

**Transaction ID : 50080626**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Mr Frank C. Fantazzi**

Mailing Address 4720 Lincrest Dr

City State Zip Code  
 Brookfield WI 53045-1123

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

PT Plus

PT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 07 2013

**Transaction ID : 50080629**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. Trish L. Hopps**

Mailing Address 5537 Black Olive Dr

City State Zip Code  
 Paradise CA 95969-4609

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Ridge Physical Therapy

PT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 07 2013

**Transaction ID : 50080632**

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

300.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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FOR LINE NUMBER:  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**American Physical Therapy Association Physical Therapy Political Action Committee (PT-PAC)**

Full Name (Last, First, Middle Initial)

**A. Janice D. Smith**

Mailing Address 1555 California St Apt 407

City

Denver

State

CO

Zip Code

80202-4275

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

PT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 07 / 2013

Transaction ID : 50080633

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Drew G. Bossen**

Mailing Address 4191 Westcott Dr Ne

City

Iowa City

State

IA

Zip Code

52240-7788

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Progressive Rehab Associates

Occupation

PT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 07 / 2013

Transaction ID : 50080637

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Dr Brett Alan Roberts**

Mailing Address 196 Wilson Street

City

Amherst

State

WI

Zip Code

54406-9040

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Roberts Therapy

Occupation

PT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 07 / 2013

Transaction ID : 50080639

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

600.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Physical Therapy Association Physical Therapy Political Action Committee (PT-PAC)**

Full Name (Last, First, Middle Initial)

## **A. Cynthia Skiles**

Mailing Address 3910 Teays Valley Rd

City

Hurricane

State

WV

Zip Code

25526-9756

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Teays PT Center

Occupation

PT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 07 / 2013

**Transaction ID : 50080640**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

## **B. Margot M. Miller**

Mailing Address 1105 Carlton Ave

City

Cloquet

State

MN

Zip Code

55720-1843

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Workwell Systems, Inc.

Occupation

PT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 07 / 2013

**Transaction ID : 50080641**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

## **C. Deborah Gulbrandson**

Mailing Address 429 High Rd

City

Cary

State

IL

Zip Code

60013-2630

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cary Physical Therapy

Occupation

PT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 07 / 2013

**Transaction ID : 50080642**

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

300.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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FOR LINE NUMBER:  
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PAGE 11 OF 44

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NAME OF COMMITTEE (In Full)

**American Physical Therapy Association Physical Therapy Political Action Committee (PT-PAC)**

Full Name (Last, First, Middle Initial)

**A. Ms Margaret M. Grey**

Mailing Address 10 Drummond Rd

City  
Enfield

State  
CT

Zip Code  
06082-2532

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Grey Physical Therapy

Occupation

PT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 07 / 2013

**Transaction ID : 50080643**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Thomas DiAngelis**

Mailing Address 2630 77th Ave SE Unit 307

City

Mercer Island

State

WA

Zip Code

98040-4098

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Comprehensive Physical Therapy Center

Occupation

PT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 07 / 2013

**Transaction ID : 50080646**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**c. Dr Paul D. Gaspar**

Mailing Address 748 Lynwood Dr

City

Encinitas

State

CA

Zip Code

92024-2389

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Gaspar Physical Therapy

Occupation

PT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 07 / 2013

**Transaction ID : 50080647**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

450.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER:  
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PAGE 12 OF 44

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Physical Therapy Association Physical Therapy Political Action Committee (PT-PAC)**

Full Name (Last, First, Middle Initial)

**A. Sandra Lee Norby**

Mailing Address 789 Holton Dr  
PO Box 921

City State Zip Code  
Le Mars IA 51031-3757

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Le Mars Physical Therapy

Occupation

PT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 07 / 2013

**Transaction ID : 50080648**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Brad A. Thuringer**

Mailing Address 1010 17th Ave S

City State Zip Code  
Brookings SD 57006-4099

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Lake Area Technical Institute

Occupation

PTA

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 07 / 2013

**Transaction ID : 50080659**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. Barney Poole**

Mailing Address 917 Eagles Landing Pkwy

City State Zip Code  
Stockbridge GA 30281-5011

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

PT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 07 / 2013

**Transaction ID : 50080661**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

600.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Physical Therapy Association Physical Therapy Political Action Committee (PT-PAC)**

Full Name (Last, First, Middle Initial)

**A. Dr Secili Hurley DeStefano**

Mailing Address 43217 Lindsay Marie Dr

City State Zip Code  
Ashburn VA 20147-3111

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self-Employed

PT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 07 / 2013

**Transaction ID : 50080662**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Mary S. Butch**

Mailing Address 4463 McCaslin Ridge Drive

City State Zip Code  
Allison Park PA 15101-2165

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Physical Rehab Services

PT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 08 / 2013

**Transaction ID : 50224720**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Billy Butch**

Mailing Address 1033 Perry Hwy

City State Zip Code  
Pittsburgh PA 15237-2123

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Physical Rehab Services

PT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 08 / 2013

**Transaction ID : 50224721**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1100.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 14 OF 44

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Physical Therapy Association Physical Therapy Political Action Committee (PT-PAC)**

Full Name (Last, First, Middle Initial)

**A. Ms Lorena Pettet Payne**

Mailing Address 7010 Camp Creek Rd

City

Manhattan

State

MT

Zip Code

59741-8343

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

PT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

03 / 14 / 2013

Transaction ID : 50245573

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

**B. Dr Onuwa Djyata Terry**

Mailing Address 1918 E Griffin Pkwy

City

Mission

State

TX

Zip Code

78572-3106

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Terry Physical Therapy

Occupation

PT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

03 / 14 / 2013

Transaction ID : 50245575

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. Kathleen K. Mairella**

Mailing Address 256 Whitford Ave

City

Nutley

State

NJ

Zip Code

07110-1820

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

PT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

03 / 14 / 2013

Transaction ID : 50245581

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

350.00

**SCHEDULE A (FEC Form 3X)****ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**American Physical Therapy Association Physical Therapy Political Action Committee (PT-PAC)**

Full Name (Last, First, Middle Initial)

**A. Dr Lisa Kristine Saladin**

Mailing Address 1325 Overcreek Ct

City

Mount Pleasant

State

SC

Zip Code

29464-9490

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MUSC

Occupation

PT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		14		2013

**Transaction ID : 50245582**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Craig A. Moore**

Mailing Address PO Box 160453

City

Altamonte Springs

State

FL

Zip Code

32716-0453

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Florida Hospital Rehabilitation &amp; Spor

Occupation

PT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		14		2013

**Transaction ID : 50245583**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. Kristin Von Nieda**

Mailing Address 3420 Warden Dr

City

Philadelphia

State

PA

Zip Code

19129-1418

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Temple University

Occupation

PT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		14		2013

**Transaction ID : 50245600**

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

250.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Physical Therapy Association Physical Therapy Political Action Committee (PT-PAC)

Full Name (Last, First, Middle Initial)

A. Dr Nancy B. Reese

Mailing Address PTC Bldg Rm 303

201 N Donaghey Ave

City

Conway

State

AR

Zip Code

72035-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University of Central Arkansas

Occupation

PT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 14 / 2013

Transaction ID : 50245601

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Ms Victoria S T Tilley

Mailing Address 2002 Bartlett Cir

City

Hillsborough

State

NC

Zip Code

27278-6921

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

PT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 14 / 2013

Transaction ID : 50245608

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Dr Sharon L. Dunn

Mailing Address 5730 Marina Bay Dr

City

Shreveport

State

LA

Zip Code

71119-3918

FEC ID number of contributing  
federal political committee.

C

Name of Employer

LSUHSC-Shreveport

Occupation

PT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 14 / 2013

Transaction ID : 50245609

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

300.00

TOTAL This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 OF 44  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Physical Therapy Association Physical Therapy Political Action Committee (PT-PAC)**

Full Name (Last, First, Middle Initial)

**A. Belinda Hays**

Mailing Address PO Box 1192

321 W. Bruce St., Ste. B

City

Seymour

State

IN

Zip Code

47274-3792

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Progressive Physical Therapy

Occupation

PT

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 14 / 2013

Transaction ID : 50245637

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Zoe Fackelman**

Mailing Address 241 Parrish St Ste A

City

Canandaigua

State

NY

Zip Code

14424-1727

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Lake Country Physical Therapy & Sports

Occupation

PT

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 14 / 2013

Transaction ID : 50245638

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**c. Jay H. Segal**

Mailing Address 1537 Bent River Cir

City

Birmingham

State

AL

Zip Code

35216-5394

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HPRC

Occupation

PT

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 14 / 2013

Transaction ID : 50245639

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

450.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 18 OF 44  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**American Physical Therapy Association Physical Therapy Political Action Committee (PT-PAC)**

Full Name (Last, First, Middle Initial)

**A. Jerre Van Den Bent**

Mailing Address 3402 Harvard Ave

City	State	Zip Code
Dallas	TX	75205-3243

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Therapy 2000

Occupation

PT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

630.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03	/	14	/	2013

**Transaction ID : 50245642**

Amount of Each Receipt this Period

210.00

Full Name (Last, First, Middle Initial)

**B. Steven Cassabaum**

Mailing Address 25870 Country Club Rd

City	State	Zip Code
Nevada	IA	50201-7405

FEC ID number of contributing  
federal political committee.

C

Name of Employer

21st Century Rehab

Occupation

PT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03	/	14	/	2013

**Transaction ID : 50245645**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Mr Rick Anthony Gawenda**

Mailing Address PO Box 971862

City	State	Zip Code
Ypsilanti	MI	48197-0224

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Detroit Medical Center

Occupation

PT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03	/	14	/	2013

**Transaction ID : 50245646**

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

560.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Physical Therapy Association Physical Therapy Political Action Committee (PT-PAC)**

Full Name (Last, First, Middle Initial)

**A. Jerry Orrison Pumphrey**

Mailing Address 5300 Hickory Park Dr Ste 110

City

Glen Allen

State

VA

Zip Code

23059-2629

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Prograss Rehabilitation

Occupation

PT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

03 / 14 / 2013

**Transaction ID : 50245648**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. John D. Barnes**

Mailing Address 1005 Hardee Place

City

Alexandria

State

VA

Zip Code

22304-1719

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Physical Therapy Association

Occupation

CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

03 / 15 / 2013

**Transaction ID : 50254095**

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

**c. Mary Jane Harris**

Mailing Address 6500 Langleigh Way

City

Alexandria

State

VA

Zip Code

22315-3454

FEC ID number of contributing  
federal political committee.

C

Name of Employer

APTA

Occupation

PT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

03 / 15 / 2013

**Transaction ID : 50254104**

Amount of Each Receipt this Period

41.67

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

333.34

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
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 (check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American Physical Therapy Association Physical Therapy Political Action Committee (PT-PAC)

Full Name (Last, First, Middle Initial)

**A. Karen Jost**

Mailing Address 400 Madison St Apt 805

City	State	Zip Code
Alexandria	VA	22314-1747

FEC ID number of contributing federal political committee.

C

Name of Employer

APTA

Occupation

PT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	15	/	2013

Transaction ID : 50254177

Amount of Each Receipt this Period

42.00

Full Name (Last, First, Middle Initial)

**B. Justin D Moore**

Mailing Address 4819 1st St S

City	State	Zip Code
Arlington	VA	22204-1315

FEC ID number of contributing federal political committee.

C

Name of Employer

APTA

Occupation

PT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	15	/	2013

Transaction ID : 50254178

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

**C. Diane Barrickman**

Mailing Address 402 Vista De La Playa Ln

City	State	Zip Code
Santa Barbara	CA	93109-1701

FEC ID number of contributing federal political committee.

C

Name of Employer

Human Performance Center

Occupation

PT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	21	/	2013

Transaction ID : 50295693

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

333.67

**SCHEDULE A (FEC Form 3X)****ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 21 OF 44

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**American Physical Therapy Association Physical Therapy Political Action Committee (PT-PAC)**

Full Name (Last, First, Middle Initial)

**A. Pamela G. Phelps**

Mailing Address 1038 Von Trina Dr

City

Elberton

State

GA

Zip Code

30635-4567

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

PT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	9		2	0	1	3

**Transaction ID : 50334377**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Alan V. Meade**

Mailing Address 1305 White St

City

Kingsport

State

TN

Zip Code

37664-2052

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HMG Rehab

Occupation

PT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	0		2	0	1	3

**Transaction ID : 50461060**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Jerry L. Klug**

Mailing Address 1475 1st Ave Sw

City

Jacksonville

State

AL

Zip Code

36265-3337

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AL Physical Rehab Service

Occupation

PT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

624.99

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	1		2	0	1	3

**Transaction ID : 50467072**

Amount of Each Receipt this Period

208.33

**SUBTOTAL** of Receipts This Page (optional)..... ►

958.33

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Physical Therapy Association Physical Therapy Political Action Committee (PT-PAC)**

Full Name (Last, First, Middle Initial)

**A. Dr Jeanine Marie Gunn**

Mailing Address 2630 77th Ave SE Unit 307

City

Mercer Island

State

WA

Zip Code

98040-4098

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

PT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

03 / 21 / 2013

Transaction ID : 50467085

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Ms Jane K. Okubo**

Mailing Address 6711 Rappahannock Way

City

Carmichael

State

CA

Zip Code

95608-1552

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

PT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

03 / 21 / 2013

Transaction ID : 50467087

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. Ira Gorman**

Mailing Address 254 Mary Beth Rd

City

Evergreen

State

CO

Zip Code

80439-4312

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Regis University

Occupation

PT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

03 / 21 / 2013

Transaction ID : 50467088

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

300.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Physical Therapy Association Physical Therapy Political Action Committee (PT-PAC)**

Full Name (Last, First, Middle Initial)

**A. Mr Alan B. Crothers**

Mailing Address 2388 W Cogburn St

City

Meridian

State

ID

Zip Code

83642-7174

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

PT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 21 / 2013

Transaction ID : 50467089

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Dr Susan A. Appling**

Mailing Address Dept of Physical Therapy  
930 Madison Ave Room 656

City

Memphis

State

TN

Zip Code

38163-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University of Tennessee

Occupation

PT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 21 / 2013

Transaction ID : 50467090

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. Dr Jason Scott Sanders**

Mailing Address 3069 Tierra Mesa

City

Atascadero

State

CA

Zip Code

93422-1569

FEC ID number of contributing  
federal political committee.

C

Name of Employer

San Luis Sports Therapy & Orthopedic R

Occupation

PT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 21 / 2013

Transaction ID : 50467092

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

300.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 OF 44  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Physical Therapy Association Physical Therapy Political Action Committee (PT-PAC)**

Full Name (Last, First, Middle Initial)

**A. Ms Lynda D. Brown**

Mailing Address 850 Road 5

City State Zip Code  
Powell WY 82435-8422

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Advantage Rehab

Occupation

PT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 21 2013

**Transaction ID : 50467096**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Ms Beth Whitehead**

Mailing Address PO Box 37 1711 College Ave

City State Zip Code  
Jackson AL 36545-0037

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Actions

Occupation

PT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 21 2013

**Transaction ID : 50467124**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Ms Jeanne Marie Gilbert**

Mailing Address 9 Tuckers Run

City State Zip Code  
Ledyard CT 06339-1000

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

PT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

624.99

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 21 2013

**Transaction ID : 50467127**

Amount of Each Receipt this Period

208.33

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

558.33



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Physical Therapy Association Physical Therapy Political Action Committee (PT-PAC)**

Full Name (Last, First, Middle Initial)

**A. Dr Mark Stephen De Carlo**

Mailing Address 9264 Greenthread Ln

City

Zionsville

State

IN

Zip Code

46077-8144

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Methodist Sports Medicine Center

Occupation

PT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

03 / 20 / 2013

Transaction ID : 50470666

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Timothy Schell**

Mailing Address 319 Nicklaus Ct

City

Grove City

State

PA

Zip Code

16127-3459

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

PT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

03 / 28 / 2013

Transaction ID : 50470702

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Dr Gina Maria R Musolino**

Mailing Address 3315 Chapel Creek Circle

City

Wesley Chapel

State

FL

Zip Code

33544-7703

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University of South Florida

Occupation

PT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

03 / 07 / 2013

Transaction ID : 50476495

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1100.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Physical Therapy Association Physical Therapy Political Action Committee (PT-PAC)**

Full Name (Last, First, Middle Initial)

**A. Mr Larry A. Codner**

Mailing Address 6 Brookview Ct

City

Holmdel

State

NJ

Zip Code

07733-2301

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Richmond Rehabilitation

Occupation

PT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

03 / 21 / 2013

**Transaction ID : 50477306**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Cheri R. Weber**

Mailing Address 1221 County Road T

City

Oakley

State

KS

Zip Code

67748-6085

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Logan County Hospital

Occupation

PT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

03 / 22 / 2013

**Transaction ID : 50477628**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Suzanne P. Schoeler**

Mailing Address 80 Buck Rd

City

Warrington

State

PA

Zip Code

18976-1035

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Aegis Therapies

Occupation

PT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

03 / 22 / 2013

**Transaction ID : 50477642**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**American Physical Therapy Association Physical Therapy Political Action Committee (PT-PAC)**

Full Name (Last, First, Middle Initial)

**A. Dr Catherine Elizabeth Crandell**

Mailing Address 1115 Everett Ave

City

Louisville

State

KY

Zip Code

40204-1203

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Bellarmine University

Occupation

PT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

03 / 22 / 2013

Transaction ID : 50477644

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**B. Hendrika G. Strowbridge**

Mailing Address 4509 Jericho Rd

City

Corpus Christi

State

TX

Zip Code

78413-6030

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Shea Physical Therapy

Occupation

PT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

03 / 22 / 2013

Transaction ID : 50477648

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Mr Blake W. Stahl**

Mailing Address 337 Duane St

City

Glen Ellyn

State

IL

Zip Code

60137-4373

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Alexian Brothers Medical Center

Occupation

PT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

03 / 28 / 2013

Transaction ID : 50489918

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

865.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Physical Therapy Association Physical Therapy Political Action Committee (PT-PAC)**

Full Name (Last, First, Middle Initial)

**A. John D. Barnes**

Mailing Address 1005 Hardee Place

City State Zip Code  
 Alexandria VA 22304-1719

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 American Physical Therapy Association

Occupation  
 CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y  
 03 / 28 / 2013

**Transaction ID : 50490118**

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

**B. Mary Jane Harris**

Mailing Address 6500 Langleigh Way

City State Zip Code  
 Alexandria VA 22315-3454

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 APTA

Occupation  
 PT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y  
 03 / 28 / 2013

**Transaction ID : 50490126**

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

**C. Karen Jost**

Mailing Address 400 Madison St Apt 805

City State Zip Code  
 Alexandria VA 22314-1747

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 APTA

Occupation  
 PT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 03 / 28 / 2013

**Transaction ID : 50490129**

Amount of Each Receipt this Period

42.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

125.34

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Physical Therapy Association Physical Therapy Political Action Committee (PT-PAC)

Full Name (Last, First, Middle Initial)

**A. Justin D Moore**

Mailing Address 4819 1st St S

City

Arlington

State

VA

Zip Code

22204-1315

FEC ID number of contributing  
federal political committee.

C

Name of Employer

APTA

Occupation

PT

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 28 / 2013

Transaction ID : 50490131

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

**B. Marilyn S. Hargrove**

Mailing Address 3100 Hill Haven Ln

City

Columbia

State

MO

Zip Code

65202-2652

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University of Missouri

Occupation

PT

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 25 / 2013

Transaction ID : 50490328

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Olevia Cascadden**Mailing Address 129 W Pendleton Ave  
PO Box 385

City

Lapel

State

IN

Zip Code

46051-5548

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

PT

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 25 / 2013

Transaction ID : 50490330

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

791.67

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Physical Therapy Association Physical Therapy Political Action Committee (PT-PAC)**

Full Name (Last, First, Middle Initial)

**A. Mr Randy J. O'Brien**

Mailing Address 5660 Green Springs Dr

City

Warrenton

State

VA

Zip Code

20187-9350

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Results Rehab and Fitness

Occupation

PT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

03 / 25 / 2013

Transaction ID : 50490332

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Laurita M. Hack**

Mailing Address 415 Gatcombe Ln

City

Bryn Mawr

State

PA

Zip Code

19010-3629

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Temple University

Occupation

PT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

03 / 29 / 2013

Transaction ID : 50492525

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**c. Dr Stephen Mark Levine**

Mailing Address 7520 Nw 12th St

City

Plantation

State

FL

Zip Code

33313-5922

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Rehabilitation Consulting & Resource I

Occupation

PT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

03 / 29 / 2013

Transaction ID : 50492527

Amount of Each Receipt this Period

1250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

2500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Physical Therapy Association Physical Therapy Political Action Committee (PT-PAC)**

Full Name (Last, First, Middle Initial)

**A. Susan Allen**

Mailing Address 702 Willow Spring Hill Ct

City

Chesterfield

State

MO

Zip Code

63017-5726

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

PT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

03 / 29 / 2013

Transaction ID : 50495471

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Mr Brad D. McClatchey**

Mailing Address 5212 Timberland Pkwy

City

Flower Mound

State

TX

Zip Code

75028-2245

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Long Prairie Rehabilitation

Occupation

PT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

03 / 19 / 2013

Transaction ID : 50650436

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. Sharon Eileen McCallum**

Mailing Address 3710 27th PI W Apt 205

City

Seattle

State

WA

Zip Code

98199-2055

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Swedish Medical Center

Occupation

PT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

03 / 31 / 2013

Transaction ID : 50666390

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

800.00

18435.68

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 32 OF 44

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Physical Therapy Association Physical Therapy Political Action Committee (PT-PAC)**

Full Name (Last, First, Middle Initial)

**A. Diana Degette For Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		19		2013

Mailing Address P.O. Box 61337

City	State	Zip Code
Denver	CO	80206

**Transaction ID : 50330799**

Purpose of Disbursement

011

Amount of Each Disbursement this Period

Candidate Name

**Diana Degette**Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) ▼

State: CO District: 01

2000.00
---------

Full Name (Last, First, Middle Initial)

**B. LYNN PAC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		19		2013

Mailing Address P.O. Box 1872

City	State	Zip Code
Topeka	KS	66601

**Transaction ID : 50330800**

Purpose of Disbursement

011

Amount of Each Disbursement this Period

Candidate Name

**LYNN PAC**Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. Volunteers For Shimkus**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		19		2013

Mailing Address PO Box 661

City	State	Zip Code
Collinsville	IL	62234

**Transaction ID : 50330801**

Purpose of Disbursement

011

Amount of Each Disbursement this Period

Candidate Name

**John Shimkus**Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) ▼

State: IL District: 20

1000.00
---------

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

4000.00



**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Physical Therapy Association Physical Therapy Political Action Committee (PT-PAC)**

Full Name (Last, First, Middle Initial)

**A. Hatch Election Committee Inc**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		19		2013

Mailing Address PO Box 3986

City	State	Zip Code
Washington	DC	20027

**Transaction ID : 50330802**

Purpose of Disbursement

011

Amount of Each Disbursement this Period

Candidate Name

**Orrin Hatch**Category/  
Type

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For: 2018

☒ Primary ☐ General  
☐ Other (specify) ▼

State: UT

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		19		2013

**B. Levin For Congress**

Mailing Address PO Box 37

City	State	Zip Code
Roseville	MI	48066

**Transaction ID : 50330803**

Purpose of Disbursement

011

Amount of Each Disbursement this Period

Candidate Name

**Sander Levin**Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) ▼

State: MI

District: 12

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		19		2013

**C. Andre Carson For Congress**

Mailing Address P.O. Box 1863

City	State	Zip Code
Indianapolis	IN	46206

**Transaction ID : 50330804**

Purpose of Disbursement

011

Amount of Each Disbursement this Period

Candidate Name

**Andre Carson**Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) ▼

State: IN

District: 07

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5000.00

5000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 34 OF 44

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Physical Therapy Association Physical Therapy Political Action Committee (PT-PAC)**

Full Name (Last, First, Middle Initial)

**A. New Pioneers PAC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	19	/	2013

Mailing Address 228 S. Washington Street  
Suite 115

City Alexandria State VA Zip Code 22314

Purpose of Disbursement

011

**Transaction ID : 50330805**

Amount of Each Disbursement this Period

5000.00
---------

Candidate Name

**New Pioneers PAC**Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**B. Friends Of Rosa Delauro**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	19	/	2013

Mailing Address 12 Trumbull St

City New Haven State CT Zip Code 06511

Purpose of Disbursement

011

**Transaction ID : 50330806**

Amount of Each Disbursement this Period

1000.00
---------

Candidate Name

**Rosa Delauro**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CT District: 03

Full Name (Last, First, Middle Initial)

**C. Susan Davis For Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	19	/	2013

Mailing Address PO Box 84049

City San Diego State CA Zip Code 92138

Purpose of Disbursement

011

**Transaction ID : 50330807**

Amount of Each Disbursement this Period

1000.00
---------

Candidate Name

**Rep. Susan A. Davis**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 53

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

7000.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 35 OF 44

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Physical Therapy Association Physical Therapy Political Action Committee (PT-PAC)**

Full Name (Last, First, Middle Initial)

**A. Steve Israel For Congress Committee**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		19		2013

Mailing Address PO Box 1400

City	State	Zip Code
Melville	NY	11747

**Transaction ID : 50330808**

Purpose of Disbursement

011

Amount of Each Disbursement this Period

Candidate Name

**Steve Israel**Category/  
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: NY District: 02

Amount of Each Disbursement this Period
1000.00

Full Name (Last, First, Middle Initial)

**B. Jon Runyan For Congress, Inc**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		19		2013

Mailing Address PO Box 225

City	State	Zip Code
Colonia	NJ	07067

**Transaction ID : 50330809**

Purpose of Disbursement

011

Amount of Each Disbursement this Period

Candidate Name

**Rep. Jon Daniel Runyan**Category/  
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: NJ District: 03

Amount of Each Disbursement this Period
2500.00

Full Name (Last, First, Middle Initial)

**C. Ron Barber For Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		19		2013

Mailing Address PO Box 57715

City	State	Zip Code
Tucson	AZ	85732

**Transaction ID : 50330810**

Purpose of Disbursement

011

Amount of Each Disbursement this Period

Candidate Name

**Ronald Barber**Category/  
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: AZ District: 02

Amount of Each Disbursement this Period
1500.00

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5000.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 36 OF 44

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Physical Therapy Association Physical Therapy Political Action Committee (PT-PAC)**

Full Name (Last, First, Middle Initial)

**A. Gary Miller For Congress**

Mailing Address 721 S Brea Canyon Rd Ste 7

City	State	Zip Code
Diamond Bar	CA	91789

Purpose of Disbursement

Candidate Name

**Rep. Gary G. Miller**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: CA District: 31

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		19		2013

**Transaction ID : 50330811**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. Collins For Senator**

Mailing Address PO Box 1096

City	State	Zip Code
Bangor	ME	04402

Purpose of Disbursement

Candidate Name

**Susan Collins**

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

State: ME District:

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		19		2013

**Transaction ID : 50330812**

Amount of Each Disbursement this Period

3000.00
---------

Full Name (Last, First, Middle Initial)

**C. NewDem PAC**Mailing Address 700 13th Street, NW  
Suite 600

City	State	Zip Code
Washington	DC	20005

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		19		2013

**Transaction ID : 50330813**

Amount of Each Disbursement this Period

5000.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

9000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 37 OF 44

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Physical Therapy Association Physical Therapy Political Action Committee (PT-PAC)**

Full Name (Last, First, Middle Initial)

**A. Eric Pac**

Mailing Address 209 Pennsylvania Avenue, SE

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement

011

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State:	District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		19		2013

**Transaction ID : 50330814**

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**B. Iowans For Latham**

Mailing Address PO Box 8237

City	State	Zip Code
Des Moines	IA	50301

Purpose of Disbursement

011

Candidate Name

**Tom Latham**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State: IA	District: 05

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		19		2013

**Transaction ID : 50330815**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**C. Jim Gerlach For Congress Committee**

Mailing Address PO Box 87

City	State	Zip Code
Uwchland	PA	19480

Purpose of Disbursement

011

Candidate Name

**Rep. James W. Gerlach**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State: PA	District: 06

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		19		2013

**Transaction ID : 50330816**

Amount of Each Disbursement this Period

2500.00
---------

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

10000.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Physical Therapy Association Physical Therapy Political Action Committee (PT-PAC)**

Full Name (Last, First, Middle Initial)

**A. Tim Murphy For Congress**

Mailing Address PO Box 24551

City	State	Zip Code
Pittsburgh	PA	15234

Purpose of Disbursement

011

Candidate Name

**Tim Murphy**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: PA District: 18

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	19	/	2013

**Transaction ID : 50330817**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. Team Graham Inc**

Mailing Address PO Box 1801

City	State	Zip Code
Columbia	SC	29202

Purpose of Disbursement

011

Candidate Name

**Sen. Lindsey O. Graham**

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: SC District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	19	/	2013

**Transaction ID : 50330818**

Amount of Each Disbursement this Period

3000.00
---------

Full Name (Last, First, Middle Initial)

**C. CHC/BOLD PAC**

Mailing Address P.O. Box 70980

City	State	Zip Code
Washington	DC	20024

Purpose of Disbursement

011

Candidate Name

**CHC/BOLD PAC**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	19	/	2013

**Transaction ID : 50330819**

Amount of Each Disbursement this Period

5000.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

10500.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Physical Therapy Association Physical Therapy Political Action Committee (PT-PAC)**

Full Name (Last, First, Middle Initial)

**A. Treasure State PAC**

Mailing Address 200 East Jefferson Street

City	State	Zip Code
Falls Church	VA	20046

Purpose of Disbursement

011

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		19		2013

**Transaction ID : 50330820**

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**B. Martin Heinrich For Senate**

Mailing Address P.O. Box 25763

City	State	Zip Code
Albuquerque	NM	87125

Purpose of Disbursement

011

Candidate Name

Category/  
Type**Martin Heinrich**

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2018

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: NM District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		19		2013

**Transaction ID : 50330821**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. John Tierney For Congress**

Mailing Address 12 Hussey Avenue

City	State	Zip Code
Danvers	MA	01923

Purpose of Disbursement

011

Candidate Name

Category/  
Type**John Tierney**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: MA District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		19		2013

**Transaction ID : 50330822**

Amount of Each Disbursement this Period

1000.00
---------

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

7000.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 40 OF 44

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Physical Therapy Association Physical Therapy Political Action Committee (PT-PAC)**

Full Name (Last, First, Middle Initial)

**A. Udall For Colorado**

Mailing Address PO Box 40158

City	State	Zip Code
Denver	CO	80204

Purpose of Disbursement

011

Candidate Name

**Sen. Mark Emery Udall**

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: CO District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		19		2013

**Transaction ID : 50330823**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. ROYB Fund**

Mailing Address 209 Pennsylvania Avenue, SE

City	State	Zip Code
Washington	DC	20004

Purpose of Disbursement

011

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		19		2013

**Transaction ID : 50330824**

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**C. Pallone For Congress**

Mailing Address PO Box 3176

City	State	Zip Code
Long Branch	NJ	07740

Purpose of Disbursement

011

Candidate Name

**Frank Pallone Jr**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: NJ District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		19		2013

**Transaction ID : 50330825**

Amount of Each Disbursement this Period

2500.00
---------

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

8500.00



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 41 OF 44

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Physical Therapy Association Physical Therapy Political Action Committee (PT-PAC)**

Full Name (Last, First, Middle Initial)

**A. Braley For Iowa**

Mailing Address PO Box 856

City	State	Zip Code
Des Moines	IA	50304

Purpose of Disbursement

011

Candidate Name

**Bruce Braley**

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) ▼

State: IA

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	19	/	2013

**Transaction ID : 50330849**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. Marsha Blackburn For Congress, Inc.**

Mailing Address PO Box 3750

City	State	Zip Code
Brentwood	TN	37024

Purpose of Disbursement

011

Candidate Name

**Marsha Blackburn**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) ▼

State: TN

District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	19	/	2013

**Transaction ID : 50330850**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. Chuck Fleischmann For Congress Committee, Inc.**

Mailing Address P.O. Box 11091

City	State	Zip Code
Chattanooga	TN	37401

Purpose of Disbursement

011

Candidate Name

**Charles Fleischmann**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) ▼

State: TN

District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	19	/	2013

**Transaction ID : 50330851**

Amount of Each Disbursement this Period

2000.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4000.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 42 OF 44

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Physical Therapy Association Physical Therapy Political Action Committee (PT-PAC)**

Full Name (Last, First, Middle Initial)

**A. Rush Holt For Congress**

Mailing Address PO Box 782

City	State	Zip Code
Pennington	NJ	08534

Purpose of Disbursement

011

Candidate Name

**Rep. Rush D. Holt**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: NJ District: 12

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		19		2013

**Transaction ID : 50330852**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. Huffman For Congress 2014**

Mailing Address P.O. Box 151563

City	State	Zip Code
San Rafael	CA	94915

Purpose of Disbursement

011

Candidate Name

**Jared Huffman**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: CA District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		19		2013

**Transaction ID : 50330853**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. Mike Kelly For Congress**

Mailing Address PO Box 476

City	State	Zip Code
Lyndora	PA	16045

Purpose of Disbursement

011

Candidate Name

**Rep. Mike Kelly**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: PA District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		19		2013

**Transaction ID : 50330854**

Amount of Each Disbursement this Period

1000.00
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**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

3000.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 43 OF 44

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Physical Therapy Association Physical Therapy Political Action Committee (PT-PAC)**

Full Name (Last, First, Middle Initial)

**A. Matsui For Congress**

Mailing Address PO Box 1738

City	State	Zip Code
Sacramento	CA	95812

Purpose of Disbursement

011

Candidate Name

**Rep. Doris Matsui**Category/  
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: CA District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		19		2013

**Transaction ID : 50330855**

Amount of Each Disbursement this Period

1000.00
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Full Name (Last, First, Middle Initial)

**B. Friends For Jim Mcdermott**

Mailing Address PO Box 21786

City	State	Zip Code
Seattle	WA	98111

Purpose of Disbursement

011

Candidate Name

**James McDermott**Category/  
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: WA District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		19		2013

**Transaction ID : 50330856**

Amount of Each Disbursement this Period

1000.00
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Full Name (Last, First, Middle Initial)

**C. Pat Meehan For Congress**

Mailing Address 50 S. Providence Road

City	State	Zip Code
Media	PA	19063

Purpose of Disbursement

011

Candidate Name

**Patrick Meehan Jr.**Category/  
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: PA District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		19		2013

**Transaction ID : 50330857**

Amount of Each Disbursement this Period

1000.00
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**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

3000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 44 OF 44

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Physical Therapy Association Physical Therapy Political Action Committee (PT-PAC)**

Full Name (Last, First, Middle Initial)

**A. Welch For Congress**

Mailing Address PO Box 1682

City	State	Zip Code
Burlington	VT	05402

Purpose of Disbursement

011

Candidate Name

**Rep. Peter Welch**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: VT District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		19		2013

**Transaction ID : 50330858**

Amount of Each Disbursement this Period

1000.00
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Full Name (Last, First, Middle Initial)

**B. Rob Wittman For Congress**

Mailing Address PO Box 999

City	State	Zip Code
Montross	VA	22520

Purpose of Disbursement

011

Candidate Name

**Robert Wittman**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: VA District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		19		2013

**Transaction ID : 50330859**

Amount of Each Disbursement this Period

1000.00
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Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City	State	Zip Code
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Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2000.00

78000.00